

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>6/28/02</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>10</i>	<i>7/6/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	<i>64880</i>	<i>8-22</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	5/01	
2		12/01	
3		7/02	
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50	✓	✓	✓

Claim	Final	Original	Date
51		5/01	
52		12/01	
53		7/02	
54		4/03	
55		10/03	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
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